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REMARKS

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Claims 9-11, 16-20, 25-32, and 34-44 are currently pending. Claims 39-44 are newly added and claims 14, 15, 23, 24, and 33 are canceled.

1. Claims 9-11, 16-20, 25-32 and 34-38 were rejected under 35 U.S.C. 102(e) as being anticipated by Chikovani et al. (U.S. 6,383,135, hereinafter "Chikovani"). Applicants respectively traverse this rejection.

Present claim 9 is directed to a method for documenting medical findings of a physical examination. The method includes displaying a first interface including a graphical representation of anatomical features, accepting from a user a first selection of an anatomical feature based on a first graphical representation of anatomical features, displaying a second interface including a second graphical representation of anatomical features and a first set of controls relating to a first plurality of medical conditions in response to accepting the first selection, accepting from the user a second selection from the second graphical representation of anatomical features, and displaying a third interface, including a second set of controls relating to a second plurality of medical conditions. Present claim 18 is directed to a device for documenting medical findings of a physical examination. The device includes an electronically readable media for storing instructions and a processor associated with the electronical readable media that executes the instructions. The instructions are configured to perform a method similar to the method of present claim 9.

The PTO appears to turn to Chikovani to teach each of the elements of the claims. Chikovani is directed to a medical self-screening system and a method that allows rapid triage of patient medical problems. The system includes a computer, one or more databases coupled to the computer, and triage software that runs on the computer. The computer displays a pictorial image of the body containing selectable regions that may be affected by patient's symptoms. A patient selects a generally affected area or region on the displayed anatomical picture of the body using the selection device. Then, the triage software displays a subsequent anatomical picture which is then enlarged for a detailed view of the affected area. The patient selects a more specific region of the affected area showing the enlarged view. The triage software then displays symptom selection screens that permit comparison of groups of symptoms experienced by the patient (Chikovani, Abstract). As disclosed by Chikovani, the triage software preferably displays a two or three dimensional rendition of the body that illustrates possible areas that are affected with the patient's symptoms. Once a region is selected, a subsequent anatomical picture is displayed which is an enlarged view of the affected area. Once these choices are made a series of symptom boxes or screens are displayed (Chikovani, column 2, lines 9-36). Further, in relation to Figs 3, 4 and 6, Chikovani discloses a specific order of selecting a generally affected region on the displayed automatic picture of the body, selecting a more specific region that is affected on the enlarged anatomical picture of the body, and subsequently displaying symptom selection screens. However, Chikovani does not teach or suggest displaying symptom selection screens in association with each selection of an affected region within the hierarchy of affected regions of the body. In particular, Chikovani does not disclose displaying symptom selection screens in response to selecting a generally affected region on the displayed anatomical picture of the body.

In contrast, claim 9 recites displaying a second interface in response to accepting the first selection. The second interface includes a second graphical representation of anatomical features and a first set of controls relating to a first plurality of medical conditions. In addition, claim 9 recites displaying a third interface including a second set of controls relating to a second plurality of medical conditions in response to a second selection from the second graphical representation of anatomical features. Such a method permits association of medical findings with each level within an anatomical hierarchy. Chikovani nowhere teaches displaying a second interface including a second graphical representation of an anatomical feature and a first set of controls relating to a first plurality of medical conditions in response to accepting the first selection. Instead, Chikovani teaches selecting a region of a first image, selecting a region of a second image, then displaying the symptom selection screen. As such, Chikovani fails to teach each and every element of claim 9 and claim 18.

Regarding claim 32, Chikovani fails to teach each and every element. Claim 32 is directed to a system including a medical content database and a medical finding engine. A medical content database includes a parent place node and a child place node. A parent place node is associated with a first region of an anatomy. The parent place node includes a graphical depiction associated with the first region and an indication of a particular location of the graphical depiction associated with the child place node. The child place node is associated with a second region of the anatomy enclosed by the first region of the anatomy. The medical content database is accessible to the medical finding engine. The medical finding engine can initiate display of the graphical depiction in an interface associated with the first region and can initiate display of medical information associated with the child place node in response to receiving a selection associated with the particular location of the graphical depiction associated with the child place node.

As stated above, Chikovani is directed to a medical self-screening system that allows rapid triage in patient medical problems. The system includes a computer having a selection device and displaying an optional printer. A storage device contains one or more database and is coupled to the computer. Chikovani is silent regarding the structure of the one or more databases and in particular, fails to teach a medical content database including a parent place node and a child place node. As such, Chikovani fails to teach each and every element of claim 32.

Chikovani is also silent regarding features of the dependent claims, particularly in the context of the independent claims.

For at least the foregoing reasons, claims 9-11, 16-20, 25-32, 34-44 are allowable over Chikovani. Applicants respectfully request reconsideration and withdrawal of the 35 U.S.C. 102(e) rejection.

Applicants respectfully submit that the present application is now in condition for allowance. Accordingly, the Examiner is requested to issue a Notice of Allowance for all pending claims.

If, for any reason, the Office is unable to allow the Application on the next Office Action, and believes a telephone interview would be helpful, the Examiner is respectfully requested to contact the undersigned attorney or agent.

The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3797.

Respectfully submitted,

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Date

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